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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Democratic Republic of the Congo

Proposed UNFPA assistance: $30.0 million, $18.0 million from regular resources and $12.0 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2002-2006)

Cycle of assistance: Second

Category per decision 2000/19: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	13.6	11.4	25.0
Population and development strategies	1.7	0.6	2.3
Advocacy	2.2	-	2.2
Programme coordination and assistance	0.5	-	0.5
Total	18.0	12.0	30.0

DEMOCRATIC REPUBLIC OF THE CONGO

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1/]	--	≥60
Contraceptive prevalence rate (%)[2/]	8	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3/]	3.78	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4/]	217.3	≤65
Infant mortality rate (per 1,000 live births)[5/]	90	≤50
Maternal mortality ratio (per 100,000 live births)[6/]	--	≤100
Adult female literacy rate (%)[7/]	--	≥50
Secondary net enrolment ratio (%)[8/]	63	≥100

*AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001*.
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6/ The World Bank, *World Development Indicators, 2000*.
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	52,522	Annual population growth rate (%)	3.34
Population in year 2015 (000)	84,045	Total fertility rate (/woman)	6.70
Sex ratio (/100 females)	98	Life expectancy at birth (years)	
Age distribution (%)		Males	51.0
Ages 0-14	48.8	Females	53.3
Youth (15-24)	18.9	Both sexes	52.1
Ages 60+	4.5	GNP per capita (U.S. dollars, 1998)	110

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2002-2006 to assist the Government of the Democratic Republic of the Congo in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $30 million, of which $18 million would be programmed from UNFPA regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $12 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's second programme of assistance to the Democratic Republic of the Congo. The Democratic Republic of the Congo is a "Category A" country under UNFPA's resource allocation criteria.

2. The proposed programme was formulated through the close joint efforts of a Government-led working group composed of bilateral, governmental, non-governmental, intergovernmental and United Nations organizations. The proposed programme aims to achieve the long-term development goals of the Government's triennial minimum programme adopted after the revolution of May 1997. It is based on the findings and recommendations of the UNFPA Country Population Assessment exercise conducted in 2000, a 1998 UNICEF situation analysis report, the results of the 1998 national health survey, and the draft report of the 1999 Common Country Assessment.

3. The goal of the proposed programme is to contribute to improving the living conditions of the people of the Democratic Republic of the Congo and to reduce poverty through improved access to quality reproductive health services, empowerment of women, prevention of further HIV infection, and the integration of population-related issues into development policies, plans and programmes.

4. The proposed programme has been developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the United Nations General Assembly through its resolution 49/128.

Background

5. The population of the Democratic Republic of the Congo was estimated at 52 million in 2000 and is projected to double by the year 2025. Annual population growth is estimated at 3 per cent. Roughly one quarter of the population lives in urban areas, and people under the age of 20 comprise more than half the population. The war that began in 1998 continues to pose great challenges to sustainable development. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), there were more than 2.1 million internally displaced persons in the Democratic Republic of the Congo in 2001. The Government considers

the high rate of population growth, which now outpaces growth in food production, to be a structural obstacle to sustained human development and intends to reduce this rate to 2.5 per cent a year by 2020.

6. Although the Democratic Republic of the Congo has attempted to implement reproductive health programs consistent with the ICPD, progress has been undermined by the political, economic and social crises the country has been undergoing since war broke out in 1998. According to a nationwide survey conducted by the Ministry of Health, maternal mortality more than doubled between 1995 and 1998 (from 870 to 1.837 per 100,000 live births), while the rate of contraceptive use dropped from 15 per cent to 4.6 per cent. Life expectancy at birth was 48 in 1998, down from 52 in 1993. A recent International Rescue Committee survey indicated a maternal mortality rate of 3,000 per 100,000 live births in the occupied eastern region of the country. The very high levels of maternal mortality are believed to be the result of a number of factors, including: the high fertility rate (seven children per woman); insufficient time between pregnancies (less than two years, on average); and an unusually high number of women giving birth after the age of 45. Other major factors include the young age at which many females become sexually active and pregnant (20 per cent of pregnancies happen to teenagers), and the high number of unsafe induced abortions among these young women. The rate of attended deliveries is relatively high (67 per cent), but in light of the high maternal mortality ratio this only underlines the poor quality of the reproductive health services provided.

7. HIV infection rates, and the reliability of such data, vary widely in different parts of the country, but it is clear that the current war – with the high mobility of troops and internally displaced persons – has significantly increased people's vulnerability to infection. A June report from the national AIDS programme indicated the national average rate of HIV infection to be 5.1 per cent, but according to the Ministry of Health, HIV infection rates for persons living in the occupied eastern provinces may be as high as 22 per cent. The rate of infection reportedly doubled in the provinces of Matadi and Lubumbashi between 1997 and 1999. The results of a small 1998 survey of blood donors in Goma revealed that HIV prevalence there quadrupled after the massive influx of refugees in 1994, jumping from 4.2 per cent in 1994 to 16.3 per cent in 1997. A national programme managed by the Minister of Health has been adopted to coordinate the response to HIV/AIDS, but the country still suffers from the lack of a comprehensive national vision, even among United Nations agencies, on how to tackle the pandemic.

8. Despite the passing of a 1985 family code guaranteeing various rights and protections to women, the adoption of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1986, and the creation of the Ministry of Social Affairs and Family in 1998, a 1999 survey by that ministry indicated that the overall status of women in the Democratic Republic of the Congo has worsened in recent years. According to the survey, large numbers of Congolese women continue to suffer from forced abortions and prostitution, rape and the need for marital authorization to work or travel. Gaps between boys and girls remain high

with regard to admission to and retention in schools, and this discrepancy increases as adolescents approach 18, the average age of marriage for Congolese women. Illiteracy among women is estimated at 46 per cent compared to only 17.5 per cent among men, and women are extremely underrepresented in the workplace and in leadership positions in particular.

Previous UNFPA assistance

9. The only previous UNFPA programme in the Democratic Republic of the Congo covered the period 1986-1990 and was budgeted at $7.5 million, all of which came from regular resources. The overall objectives of the programme were to assist the Government in: (a) reducing maternal and infant mortality by encouraging more time between births; (b) promoting national awareness of the country's specific population problems and of the linkages between population issues and the development process; (c) promoting the integration of life education into the formal education system; (d) assessing and analysing the 1984 population census data to help formulate a national population policy; (e) promoting the integration of population issues into development planning; and (f) improving the legal and socio-economic situation of women.

10. Due to the country's political crisis, UNFPA assistance between 1991 and 1997 was limited to the provision of contraceptives and essential reproductive health-related drugs, some training, and enabling nationals to attend international population conferences and meetings; UNFPA funding for activities during this period totaled $821,000.

11. A number of lessons have been learned from previous UNFPA assistance in the Democratic Republic of the Congo. One of these lessons is that project implementation suffers when funds and experts are not made available in a timely fashion. Another is that agencies must have strong coordinating capacities to be effective; the lack of local representatives in executing agencies, which has often been the case over the past decade, impedes project implementation and follow-up. Previous experience also indicates that on-the-job training tends to be more efficient than training workshops.

Other external assistance

12. For diplomatic reasons associated with the ongoing political crisis, frequent unrest and armed conflicts in the country, formal cooperation between the Democratic Republic of the Congo and external partners was mostly halted over the past decade. Apart from humanitarian agencies such as WFP and UNHCR, formal cooperation with United Nations agencies was maintained only with UNICEF and WHO. Nevertheless, major donor countries and intergovernmental institutions have continued to support social programmes, particularly in the health sector. The United States Agency for International Development (USAID) funded a $32.3 million rural health programme during the period 1981-1991 and is currently assisting some health centres in the provinces of Kasaï Occidental, Kasaï Oriental, Katanga and Bandundu. The

World Bank funded a $23 million health project during the period 1992-1994 and has jointly financed a $107,000 family planning project with the Presbyterian Church. The Protestant Solidarity Foundation devoted $4.1 million to the rehabilitation of 15 health centres over the period 1997-2002, and the European Union has given preliminary support to the health sector in the amount of $730,000 for the period 1998-2001. The Governments of Belgium, Germany and Italy have also supported health programmes in the Democratic Republic of the Congo, particularly for programmes related to HIV/AIDS.

Proposed programme

13. The overall goal of the proposed programme is noted in paragraph 3 above. UNFPA assistance would be channeled through three subprogrammes: (a) reproductive health, including a special humanitarian component to restore services to the occupied eastern provinces; (b) population and development strategies; and (c) advocacy.

14. Reproductive health. The purpose of the reproductive health subprogramme would be to contribute to the increased utilization of quality reproductive health services through information, education and communication (IEC) activities designed to raise awareness about the risks of unwanted pregnancies, unsafe abortions and sexually transmitted infections (STIs), including HIV/AIDS. Special emphasis would be placed on reaching high-risk groups – particularly young people and members of the highly mobile national army and police – a meeting their special reproductive health needs; strengthening national capacities for programme management, coordination and monitoring; raising awareness among men of their responsibility and role in the promotion of good reproductive health; and updating reproductive health-related data. Funds in the amount of $25 million would be allocated to the reproductive health subprogramme, $13.6 million of which would be programmed from UNFPA regular resources, with the balance being sought through co-financing modalities and/or other resources.

15. Given the limited resources available, activities for the reproductive health subprogramme would cover only six of the country's 11 provinces – Bas Congo, Bandundu, Kasaï Occidental, Kasaï Oriental, and Kinshasa provinces and, to the extent logistically possible, the province of Katanga. These six provinces have a combined population of more than 31 million, meaning that the proposed programme would reach about 60 per cent of the total population. Assistance would focus on 75 maternity houses, 19 of which also serve as referral centres, in 50 health districts, chosen on the basis of their high maternal and infant mortality levels, location in accessible cities and suburbs, and high levels of use by local populations.

16. The first output would be increased access to quality reproductive health services, particularly for high-risk pregnancies, abortion-related complications, prevention and treatment of STIs including HIV/AIDS, and family planning services such as counselling. Activities taken to achieve this output would include: (a) increasing the provision of emergency obstetrical care

in referral maternity houses; (b) increasing the availability of reproductive health services in health centres; (c) rehabilitation of maternity houses; (d) providing or upgrading necessary equipment; and (e) training and/or retraining service providers.

17. The second output would be increased availability of quality reproductive health services, including STI-related counselling, for adolescents through the creation of 14 new youth centres and six social promotion centres, staffed with suitably trained personnel and equipped with audio-visual facilities to enable learning about good reproductive health practices. Efforts would focus on: (a) promoting young people's right to quality family planning information and services, largely by sensitizing their parents to the need for these services; (b) supporting life education programmes and their integration into primary, secondary and professional schools; and (c) supporting sexual education initiatives through the training of trainers and the provision of didactic materials.

18. The third output would be strengthened capacities among national implementing institutions to deliver appropriate reproductive health messages and services. Programme support would focus on: (a) building capacities for efficient operational management and technical follow-up; (b) elaboration and implementation, in close collaboration with other partners, of a plan for regular procurement and distribution of contraceptives and condoms for males and females; (c) training nationals in the management of reproductive health programmes, IEC programmes, and operational research; (d) defining and disseminating programmatic and operational frameworks at different levels of the health system; and (e) elaborating appropriate training modules for various categories of reproductive health personnel.

19. Humanitarian reproductive health services. The humanitarian subprogramme would focus on restoring quality reproductive health services to, and promoting HIV prevention among, young people in the occupied eastern provinces.

20. The first output would be increased availability of and access to quality reproductive health services by the urban population in the occupied eastern provinces through maternity houses. Programme support would focus on: (a) rehabilitation of damaged maternity houses; (b) provision of essential reproductive health equipment; (c) ensuring regular access to condoms, contraceptives and essential reproductive health-related drugs; and (d) training service providers.

21. The second output would be increased access to and demand for specialized reproductive health services for adolescents in the occupied provinces, including condom provision and education, counselling and other activities aimed at increasing their awareness of the risks of HIV infection. This would be achieved by: (a) making youth centres more attractive through staff training; provision of audio-visual and other equipment; introduction of gender-sensitive sports, games and cultural activities, life-skills programmes such as computer and Internet training; and the establishment of HIV awareness groups; and (b) strengthening the HIV,

sexuality and condom provision subcomponent of life education programmes in both the formal and non-formal sectors.

22. The third output would be regular provision of reproductive health services, and other basic social services, to internally displaced persons. Programme support would focus on: (a) identification and engagement of technical institutions and donors with which the programme could collaborate in this area; (b) establishment of a process to define the basic demographic profile and reproductive health needs of this group; (c) development of an appropriate project and resource mobilization plan; and (d) provision of appropriate reproductive health services, including condom provision, HIV education, and other basic social services.

23. Population and development strategies. The purpose of the population and development strategies subprogramme would be to contribute to the integration of population and gender issues into development policies, planning and programmes. Key constraints to be addressed include: (a) the lack of accurate, up-to-date population data; (b) limited awareness among decision makers and other development programme managers of the linkages among population, the environment, empowerment of women, and the development process; (c) lack of effective integration of population and reproductive health data into the formulation of development policies, plans and programmes; (d) lack of technical capacities to establish and utilize global, regional and sector-based demographic data regarding the prevalence of HIV/AIDS; and (e) lack of coordination, monitoring and evaluation mechanisms for population-related programmes. Funds in the amount of $1.7 million would be allocated to this subprogramme from regular resources, with an additional $600,000 mobilized through co-financing and/or other resources.

24. The first output of the subprogramme would be updated statistics regarding reproductive health-related issues and other pertinent socio-economic and demographic data, particularly with regard to gender equity and equality, empowerment of women, and HIV/AIDS-related impact indicators. Support would be provided to derive useful indicators on maternal and neonatal mortality, induced abortions, STIs including HIV/AIDS, and sexual violence through the collection, processing and analysis of health figures and other information available in health and civil registration centres and through focus group and other surveys taken before and after programme implementation. Efforts would also focus on the use of appropriate software to measure the impact of the rapid spread of HIV infection on schooling and on urban and rural population dynamics. The programme would also seek to convince the Government of the need, in light of the massive internal and external migrations provoked by the war and other conflicts, for a new general population census and demographic and health survey once relative peace has been restored. To the extent that additional resources become available, the programme would also seek to establish a demographic profile of the country's 2.1 million internally displaced persons.

25. The second output would be strengthened operational capacities in institutions in charge of population-related activities. Programme support would focus on: (a) providing relevant national institutions with equipment and on-the-job staff training in the use of methodological tools for gender-sensitive analysis; (b) integration of gender and reproductive health-related issues into population and development policies and programmes; (c) updating demographic data on HIV/AIDS prevalence; and (d) establishing mechanisms for the coordination and monitoring of population programmes.

26. The third output would be increased representation of women in decision-making institutions and positions and increased respect for women's rights, including their rights to inheritance and good reproductive health. Emphasis would be on strengthening relevant governmental and non-governmental organizations (NGOs), defining priority actions aimed at improving the legal and socio-economic status of Congolese women, and launching a new, fully operational directorate for the promotion of women.

27. Advocacy. Advocacy interventions would be designed to contribute to national awareness of: (a) the linkages between population, the environment and sustainable human development; (b) the grave risks the Democratic Republic of the Congo could face in the next two decades as a result of the explosive spread of HIV infection, due in part to the massive migrations provoked by ongoing armed conflict and the presence of foreign troops from highly infected countries; (c) the important role of empowerment of women in achieving sustainable human development, particularly through lower fertility rates; and (d) the benefits of reproductive health services on family and individual well-being. This subprogramme would be funded with $2.2 million from regular resources.

28. The first output would be increased awareness among decision makers and opinion leaders of the population issues currently facing the country by sensitizing them to the existence and danger of the country's high ratio of maternal mortality; the frequency of unsafe, clandestine abortions, particularly among teenagers; the plummeting rate of contraceptive use; and the rapid spread of HIV/AIDS infection.

29. The second output would be increased support for the empowerment of women by sensitizing decision makers and opinion leaders to the importance of women's full participation in the development process in order to help achieve the country's reproductive health goals.

30. The third output would be strong commitment and support for programmes related to reproductive health, HIV/AIDS and the empowerment of women by high-ranking decision makers at all levels of government as well as traditional, religious and community opinion leaders. This output would be achieved in part by mobilizing an effective advocacy campaign about reproductive health-related issues, including information about HIV/AIDS and how to avoid further transmission, by raising the awareness and engaging the participation of the media,

national institutions, government commissions, religious and traditional organizations, universities and NGOs. Advocacy efforts for the empowerment of women would target influential national and provincial parent groups and health committees to increase their support for the improvement of the legal and socio-economic status of women. In the area of HIV/AIDS, special efforts would be made to elaborate global, regional and sector-based demographic projections, integrating up-to-date HIV/AIDS trend and impact data, to promote national awareness of the grave threat posed by HIV/AIDS.

Programme implementation, coordination, monitoring and evaluation

31. The proposed programme would be executed by relevant government ministries, public institutions and NGOs. UNFPA would continue its efforts to build the implementing capacity of national institutions, and a special committee chaired by the cabinet director of the Minister of Health would supervise implementation of the reproductive health subprogramme. The primary responsibility for programme coordination would remain with the ministries in charge of international cooperation, health, planning and social affairs. The inter-ministerial working group chaired by the Ministry of International Cooperation would monitor and follow up on programme implementation using a work plan and periodic reports on project status, field visits, regular meetings and evaluations. UNFPA would work to coordinate and harmonize its activities with WHO, UNICEF, UNDP and OCHA in the areas of reproductive health, HIV/AIDS and empowerment of women.

32. Programme implementation would be monitored and evaluated in accordance with established UNFPA guidelines and procedures. Monitoring would be facilitated by the collection of baseline data and the establishment of a population and reproductive health database. To the extent possible, joint evaluations would be undertaken for the areas covered by UNFPA and other health partners. In addition to annual subprogramme reviews, a midterm programme review would be conducted at the end of 2003 and an end-of-programme evaluation would be carried out at the end of 2005. Technical backstopping would be provided by national experts and the Country Technical Services Team headquartered in Dakar, Senegal.

33. The UNFPA country office in Kinshasa is composed of a Representative, two national programme officers, one national programme assistant and one national financial assistant. National professional project personnel and local consultants and clerks would be hired as needed to enhance programme implementation. Under the proposed programme, the amount of $500,000 from regular resources would be allocated for coordination and for the support of unforeseen requests for assistance.

Recommendation

34. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of the Democratic Republic of the Congo, as presented above, in the amount of $30 million for the period 2002-2006, of which $18 million would be programmed from the Fund's regular resources, to the extent such resources are available, and the balance of $12 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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